



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM
SPRINKLER FITTER CERTIFICATION APPLICATION**

SECTION I: CERTIFICATION REQUIREMENTS

- ☐ \$150.00 Sprinkler Fitter Certification
The following supporting documentation **MUST** be provided along with your completed application
- ☐ Resume ☐ Letter of Recommendation (written and signed by employer)

SECTION II: GENERAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Drivers' License Number: _____
Hair: _____ Eyes: _____ Height: _____ Weight: _____ DOB: _____
Email Address: _____
Have you taken the examination within the past 30 days? ☐ No ☐ Yes Date: _____

SECTION III: EMPLOYER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ CSLB License Number: _____

SECTION IV: SUBMISSION

The Office of the State Fire Marshal (OSFM) only accepts checks and money orders as method of payment.

Please make check/money order payable to "CAL FIRE-OSFM" and mail along with a completed application *and supporting documentation* to:

**CAL FIRE -Office of the State Fire Marshal
Cashiers Unit / AES Program
P.O. Box 997446
Sacramento, CA 95899-7446**

For Departmental Use Only
PCA 59422
Index 5942
Source Code 125700-11



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SECTION V: PERJURY STATEMENT

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of the Certification for which I am applying.

I, _____, affirm that as an applicant for a Sprinkler Fitter Certificate of Competency, I have read and will abide by all the laws, rules, and regulations regarding the Sprinkler Fitter Certification Program as defined by Title 19, California Code of Regulations, Chapter 5.5. Automatic Fire Extinguishing Systems Certification. I certify that all application information provided herein and all statements made to obtain this Sprinkler Fitter Certificate of Competency are accurate and truthful to the best of my knowledge.

Documentation validating the number of hours I have completed which qualify me to apply for a Sprinkler Fitter Certificate of Competency is at the level (please check one):

- ☐ Commercial (7,000 hours and 5 years' experience) (as defined by NFPA 13)
- ☐ Multi-Family Residential (3,500 hours and 2 years' experience) (as defined by 13R)

I hereby release the Office of the State Fire Marshal from any liability or damage that may result from providing the information included in this application, or as a result of certification as a Sprinkler Fitter Certificate of Competency Holder.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: _____

Signature: _____ **Date:** _____

Subscribed and sworn before me the _____ day of the month of _____ the calendar year _____

Signature of Notary Public

Printed Name of Notary Public

Complete address and contact information of Notary Public:

SEAL OF THE NOTARY PUBLIC